

CFS 332
IL 418-0695
1/98

State of Illinois
Department of Children and Family Services
DILIGENT SEARCH TO LOCATE MISSING PARENT

Instructions: Complete a separate CFS 332 for each missing parent sought in each diligent search. Diligent searches are valid for one year.

Family Name: _____ Family ID # _____

Name of Parent Being Sought: _____ Social Security Number: _____

Date Search Began: _____

☐ Mother ☐ Legal Father ☐ Putative Father

Parent's Date of Birth: _____ Parent's Approximate Age: _____

Parent's Place of Birth: _____

Parent's Last Known Address: _____

Approximate Date parent was known to have lived at this address: _____

Parent's Last Known Phone Number: _____

Parent's Last Known Employer or type of work: _____

Sources Checked (The person checking the source shall check the box for each source checked, indicate the date the check was made, and sign their initials)

	Date	Initials
<input type="checkbox"/> Department records	_____	_____
<input type="checkbox"/> Department automated information systems(MARS/CYCIS)	_____	_____
<input type="checkbox"/> Putative Father Registry	_____	_____
<input type="checkbox"/> LEADS check	_____	_____
<input type="checkbox"/> In-person visit to last known address of the missing parent within 48 hours, or if whereabouts of one parent is known, contact that parent regarding whereabouts of missing parent.	_____	_____
Last known address: _____		
<input type="checkbox"/> Interviews with relatives of the missing parent		
Relative interviewed: _____	_____	_____
Relative interviewed: _____	_____	_____

	Date	Initials
<input type="checkbox"/> Check with current caregiver Caregiver: _____	_____	_____
<input type="checkbox"/> Check of the Public Aid Screen	_____	_____
<input type="checkbox"/> Check with Directory Assistance and telephone books	_____	_____
<input type="checkbox"/> Check with missing parent's current or most recent employer Employer: _____	_____	_____
<input type="checkbox"/> In-person visit to last known address of parent whose whereabouts are known, or telephone or mail contact (this visit or contact required within 30 days if not done during first 48 hours.) Address and phone number: _____ _____	_____	_____
<input type="checkbox"/> Check with past known caregivers who have cared for the child for at least six months during the last two years: Name: _____ Name: _____	_____	_____
<input type="checkbox"/> Check of children's current school and school records School: _____	_____	_____
<input type="checkbox"/> Certified and regular letter to last known address Address _____	_____	_____
<input type="checkbox"/> Review of Juvenile Court records	_____	_____
<input type="checkbox"/> Check with Department of Corrections	_____	_____
Parent located <input type="checkbox"/> Yes <input type="checkbox"/> No Date Located _____		
Address _____		
Phone _____		

_____ Caseworker's Signature	_____ Date Search Completed
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_____ Supervisor's Signature	_____ Date Search Approved
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Private Agency Name: _____